



Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

**I/We** THE PRICKLY PEAR (LYTHAM ST. ANNES) LTD  
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
62 WOODLANDS ROAD ANSDELL LYTHAM ST. ANNES	
Post town	FY8 LYTHAM ST. ANNES
Postcode	FY8 4BX
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 5400

Part 2 - Applicant details

Please state whether you are applying for a premises licence as      Please tick as appropriate

- |  |   |
|--|---|
| a) an individual or individuals *  | <input type="checkbox"/> please complete section (A)            |
| b) a person other than an individual *   |   |
| i as a limited company/ <del>limited liability</del><br><del>partnership</del> | <input checked="" type="checkbox"/> please complete section (B) |
| ii as a partnership (other than limited liability)                             | <input type="checkbox"/> please complete section (B)            |
| iii as an unincorporated association or  | <input type="checkbox"/> please complete section (B)            |

- iv other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒
- I am making the application pursuant to a
- statutory function or ☐
- a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
		Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)			

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	THE PRICKLY PEAR (LYTHAM ST. ANNES) LTD
Address	62 WOODLANDS ROAD LYTHAM ST. ANNES FY8 4BX



Registered number (where applicable)	14454525
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	03	2024

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

EXISTING SHOP ON THE GROUND FLOOR TO OPEN AS A CAFE/BISTRO TO SERVE ALCOHOL WITH FOOD. HIGH STREET PRESENCE WITH PARKING TO THE FRONT AND PRIVATE PARKING TO REAR. LAYOUT WILL BE MOSTLY OPEN PLAN WITH KITCHEN AND TOILET FACILITIES ON THE SAME FLOOR BUT BEHIND THE MAIN BISTRO ROOM.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- |   |                          |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A)                  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)                  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |

- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☐
- f) recorded music (if ticking yes, fill in box F) ☐
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) ☐

**Provision of late night refreshment** (if ticking yes, fill in box I) ☐

**Supply of alcohol** (if ticking yes, fill in box J) ☒

**In all cases complete boxes K, L and M**

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption</b> – please tick (please read guidance note 8)	On the premises <input checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>	
Mon	1200	1700	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)	
Tue	1200	1700		
Wed	1200	1700		
Thur	1200	2300		
Fri	1200	2300	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 6)	
Sat	1200	2300		
Sun	1200	2200		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	JUSTIN DUGDALE
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	0800	1700	
Tue	0800	1700	
Wed	0800	1700	<b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 6)
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	1200	2200	



## M

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

THE PRIMARY PURPOSE OF THE BUSINESS IS A CAFE/BISTRO WITH THE SALE OF ALCOHOL BEING ANCILLARY TO THIS. WE INTEND TO BE DILIGENT IN COMPLYING WITH ALL LAWS AND REGULATIONS AND TAKE SENSIBLE MEASURES TO ENSURE ALL 4 LICENSING OBJECTIVES ARE MET OR EXCEEDED

b) The prevention of crime and disorder

CCTV SYSTEM SHALL BE INSTALLED AND MAINTAINED. TRAINING TO STAFF WILL BE PROVIDED IN RELATION TO THE PREVENTION OF CRIME AND DISORDER. A LOG WILL BE KEPT OF ANY INCIDENTS AND REPORTED TO THE POLICE. NO ALCOHOL SOLD WILL BE PERMITTED TO BE CONSUMED OFF THE PREMISES. WE WILL OPERATE A ZERO TOLERANCE TO DRUGS

c) Public safety

WE SHALL OPERATE IN ACCORDANCE WITH ALL RELEVANT LEGISLATION WHICH PROMOTES PUBLIC SAFETY INCLUDING THE FOOD SAFETY ACT 1990, HEALTH & SAFETY AT WORK ACT, THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005, THE DISABILITY DISCRIMINATION ACT 1995. ADEQUATE FIRST AID PROVISION SHALL BE AVAILABLE AT ALL TIMES.

d) The prevention of public nuisance

A CLEAR LEGIBLE NOTICE REQUESTING PATRONS AVOID CAUSING NOISE NUISANCE OR DISTURBANCE TO LOCAL RESIDENTS WILL BE DISPLAYED. THE BUSINESS WILL BE A SOPHISTICATED ENVIRONMENT AND IS AIMED TO ATTRACT THE MORE MATURE CUSTOMERS WHO SIMPLY WISH TO HAVE A GLASS OF WINE OR THE LIKE WITH THEIR MEAL. WE WILL ALSO HAVE AN EXTENSIVE RANGE OF NO ALCOHOL WINE & BEER

e) The protection of children from harm



WE SHALL OPERATE A CHALLENGE 25 POLICY WHEREBY ANY ONE WHO LOOKS LESS THAN 25 WILL BE ASKED FOR PHOTO EVIDENCE OF THEIR AGE. NO ALCOHOL WILL BE SERVED TO ANYONE UNDER THE AGE OF 18 EVEN IF THEY ARE DINING WITH THEIR PARENTS.

**Checklist:**

Please tick to indicate agreement

- I have made or enclosed payment of the fee. ☐
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☐
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☐
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☐
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15). ☐


IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a</li> </ul>
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	<p>condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> <li>The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	
Date	1/02/2024
Capacity	MANAGING DIRECTOR

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			